

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000011317 1. Entity Name STANDARD INTERNATIONAL, L.L.C.	
---	---

Principal Place of Business 12470 HIGHWAY DRIVE JACKSONVILLE FL 32225	Mailing Address 12470 HIGHWAY DRIVE JACKSONVILLE FL 32225
---	---



MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3730627	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

6. Name and Address of Current Registered Agent WALKER, JAMES V 217 PONTE VEDRA PARK DRIVE SUITE 200 PONTE VEDRA BEACH FL 32082	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	--

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	DATE _____
-----------------	------------

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GRAY, PATRICK 12470 HIGHWAY DRIVE JACKSONVILLE FL 32225	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1100000045090 02/11/04-80049-001 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: <u>Patrick Gray</u> PATRICK GRAY	Date: <u>2/07/04</u>	Daytime Phone #: <u>904-646-9013</u>
---	----------------------	--------------------------------------